



CDC's Country Management and Support Initiative

Report Summary for March 2011 Country Management and Support Visit to Zimbabwe

Background

As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State Office of the U.S. Global AIDS Coordinator. CDC uses its technical expertise in public health science and long-standing relationships with Ministries of Health across the globe to work side-by-side with countries to build strong national programs and sustainable public health systems that can respond effectively to the global HIV/AIDS epidemic. All CDC global HIV/AIDS PEPFAR-related activities are implemented by the Division of Global HIV/AIDS (DGHA) in CDC's Center for Global Health.

CDC's Commitment to Accountability

CDC/DGHA launched the Country Management and Support (CMS) initiative in 2011 to identify any challenges resulting from the rapid scale-up of complex PEPFAR/CDC programming as part of CDC's commitment to transparency and accountability. This initiative serves as a basis for ongoing, monitored quality improvement of CDC/DGHA's programs and operations through internal programmatic and financial oversight. CMS is a proactive response on the part of CDC to ensure that CDC/DGHA is supporting the Presidential Initiatives, Department of State, and Office of the U.S. Global AIDS Coordinator. The CMS strategy is designed to assess CDC/DGHA's accountability in the following key areas:

- **Intramural Resources:** Ensuring proper management and stewardship of financial resources, property, and human resources within CDC's overseas offices
- **Extramural Funding:** Ensuring responsible and accurate management of financial and other resources external to CDC's overseas offices
- **Public Health Impact:** Ensuring the delivery of consistently high quality interventions and technical assistance that positively impact the populations the program serves

Zimbabwe Country Management and Support Visit

CDC/DGHA conducted a pilot CMS visit to the CDC country office in Zimbabwe from March 7-11, 2011. The principal objectives of this pilot CMS visit were to:

- Perform a CDC/DGHA headquarters assessment of internal controls in the field to ensure the highest level of accountability
- Provide clear feedback and support to the country office to improve current internal controls
- Refine, systematize, and modify CMS methodologies, processes, and associated tools for full implementation during future CMS visits across all CDC/DGHA-supported programs in the field

CDC/DGHA headquarters (CDC/HQ) in Atlanta, Georgia assembled an intra-agency multidisciplinary team of ten subject matter experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural resources, procurements and grants, financial management, and key technical program areas (e.g., monitoring and evaluation, laboratories, strategic information).

CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in Zimbabwe (CDC/Zimbabwe), which included one-on-one meetings with staff, administrative and technical site visits with grantees, data quality spot checks, and reviews of internal financial documents and controls at CDC and grantee offices. Assessment tools and checklists were developed by CMS leadership in consultation with subject matter experts at CDC/HQ. This methodology was designed to provide a “point in time” synopsis of CDC/Zimbabwe’s operations.

Scope

CMS visit are designed to provide an overview of CDC/DGHA country programs and identify best practices and areas for improvement. These visits should not be considered comprehensive and are not intended to replace Inspector General audits. The scope of this CMS visit focused only on the CDC/DGHA portfolio of global HIV/AIDS activities implemented through PEPFAR.

Program Background

Zimbabwe has demonstrated a consistent and marked decline in adult (15-49) HIV prevalence over the past decade from 26.0% in 2001 to 13.7% in 2009. CDC/Zimbabwe is helping to build the national systems and capacities to provide a comprehensive treatment package and promoting the collection and use of health-related data for policy-making and program improvement through the surveillance, evaluation, assessment, and monitoring. This support is focused primarily on rebuilding the devastated laboratory system, which includes: facility upgrades and renovations, improving laboratory information systems, providing personnel training, and obtaining laboratory accreditation. CDC also supports quality of care in disease management, detection and treatment of co-infections (primarily tuberculosis), and treatment-focused information gathering and analysis, including drug resistance surveillance.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. The motorpool in Zimbabwe is managed by CDC and runs relatively smoothly with a clear supervisory structure and defined roles and responsibilities in place. As the motorpool needs of the growing CDC/Zimbabwe office increase, the workload of the motorpool will need to be closely monitored so proper coverage is available. The Deputy Director has a good relationship and works closely with the Embassy Human Resource Officer in the area of filling vacant positions, and it was reported that CDC/Zimbabwe is also doing an effective job in this area.

There was high individual job satisfaction reported by the CDC/Zimbabwe staff. Overall, staff are proud to contribute to the health and well-being of the Zimbabwean people and are committed to CDC’s mission in Zimbabwe. Staff also described overall communication within the office as positive. Despite a high level of personal job satisfaction, office cohesion and morale was determined to be poor in one-on-one discussions with staff.

Recommendations:

- CDC/Zimbabwe management should take a close look at whether the motor pool is sufficiently meeting the needs of this growing office
- CDC/Zimbabwe management should continue to strive to improve office cohesion and morale

- CDC/Zimbabwe management should better define the scope and responsibilities of staff members, supervisory lines, communication, and norms for professional behavior in the office

Country Management. The CMS team found that CDC/Zimbabwe is mainly focusing on health systems strengthening, especially lab strengthening, but is not effectively communicating its contribution to the main HIV-related indicators that are central to PEPFAR. In other words, in-country stakeholders are unable to provide clear examples of CDC's health systems strengthening and lab strengthening efforts. Moreover, the HSS efforts are not always clearly linked to improvements in health system outcomes.

Recommendations:

- CDC/Zimbabwe and CDC/HQ should develop a new US Government PEPFAR Strategic Plan to support the Zimbabwe National Strategy for HIV/AIDS
- CDC/Zimbabwe should articulate CDC activities and impacts in more comprehensive terms to national stakeholders

Technical Program Areas. CDC/Zimbabwe generally provides solid technical supervision to grantees. Quarterly reports are generated by grantees to monitor progress and there is a high correlation between CDC descriptions of grantee management procedures and the process described by the grantees. However, the office lacks effective standard operating procedures and tools for documenting its own management and oversight of grantee performance. Thus, grantee and site visits are neither systematized nor consistently documented.

Recommendations:

- While CDC/Zimbabwe laboratory and strategic information portfolios reflect the country's epidemic, strategic information activities should be better integrated into all DGHA programmatic activities
- CDC/Zimbabwe should establish standard systems for monitoring grantee performance to include: site visit protocols, regular scheduled meetings, progress report including reporting template and data verification and data quality assessment.

Program Management

Procurement and Grants and Program Budget and Extramural Management. In general, CDC/Zimbabwe is managing the budget and extramural funding well. CDC/Zimbabwe budget staff demonstrate a solid understanding of US Government and PEPFAR financial processes. However, they lack a consolidated system for tracking and reporting budget information, which makes financial reporting and planning tedious. Unliquidated obligations management is an on-going issue due to the policy of the Embassy's Financial Management Office in which the Embassy obligates funds when vouchers are both authorized and processed. This policy creates double obligations, creates unnecessary unliquidated obligations, and reserves CDC/Zimbabwe funds when they could be used for other obligations.

CDC/Zimbabwe holds an annual CDC grants meeting for new grantees as well as quarterly progress review meetings with grantees. However, grantees are frustrated that CDC requires "too much accountability" (e.g., numerous layers of review and approval), which often causes "bottlenecking" when it comes to approvals.

Financial Management

The Financial Management Office (FMO) found that locally employed budget and financial staff members are very knowledgeable. Internal controls related to petty cash funds appear to be adequate to ensure funds are not at high risk for abuse and CDC's Financial Management team worked collaboratively with the sub-cashier to review current processes and identify additional safeguards that could be put in place to ensure strong management and oversight of petty cash funds.

Next Steps

The CMS team shared their key findings and recommendations with the CDC/Zimbabwe office and CDC/HQ. The team also developed a scorecard for internal management use, which is populated with all of the issues identified during the visit, recommendations, due dates, and primary point of contact for each issue.